Office of Facilities & Property Management 700 S.W. Harrison St., Suite 1200 Topeka, KS 66603 - 3929



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Sarah L. Shipman, Secretary Frank Burnam, Director

Sam Brownback, Governor

Form150 May 2017

State of Kansas - Certificate of Occupancy

Department of Administration, OFPM-DCC

is h	ereby is	ssued as of this date for	
Agency:			
Agency/Building number:			
Name of building/location:			
Agency Point of Contact:			
Description of construction and squar footages:	e	(i.e. new construction/renovation/addition)	
Description of Occupancy:		(Building/addition)	
		d above have been inspected for compliance with the codes ncy and the use for which the project is classified.	
Codes:	(list co	odes)	
Occupancy/use		Type of Construction:	
Automatic sprinkler required	☐ YES	·	ES IO
Fire Alarm system required	☐ YES	, , , , <u>=</u>	ES IO
Any special stipulations/conditions:			
Your Name Here Construction & Compliance			

This certificate of occupancy may be suspended or revoked wherever the certificate is issued in error, or on the basis of incorrect information supplied, or where it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of the code listed. The suspension or revocation shall be in writing by the Department of Administration.

Agency- Building No.:	Agency and Facility Name:		
Description	of KSFM / DCC	noted as NA)	Date Accepted

Description	Signature of KSFM / DCC Representative (items not applicable noted as NA)	Date Accepted
Code Footprint	For:	
Fire Alarm Plans / Shop Drawings	For:	
Automatic Sprinkler Plans / Shop Drawings	For:	
Fire Alarm System installed and tested per NFPA.	For:	
Automatic sprinkler system installed and tested per NFPA.	For:	
6. Emergency Lights tested.	For:	
7. Back-up Power (generator, invertor, battery, etc) tested.	For:	
8. Fire Pump tested per NFPA.	For:	
9. Standpipes tested per NFPA.	For:	
Exit Paths verified to public way. (Includes exit sign verification and testing.)	For:	
11. Elevator tested.	For:	
12. Accessibility.	For:	